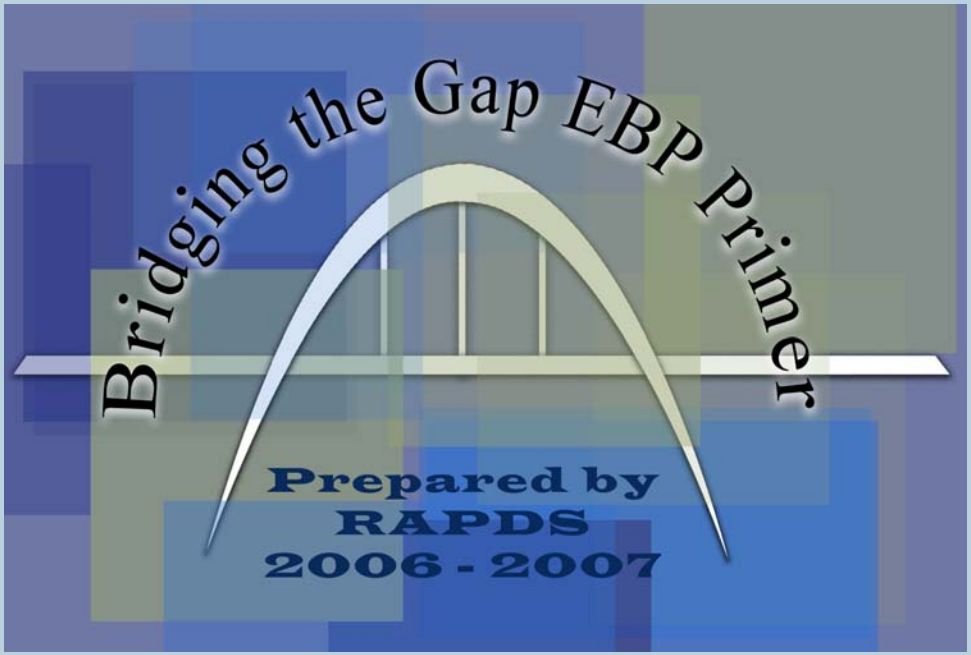


Primer Learning Objectives

At the end of this self study primer, the learner will:

- Discuss the methods and process of Evidence-Based Practice [EBP]
- Describe a framework to evaluate the quality and strength of evidence
- Possess a basic skill in finding evidence that applies to clinical practice and evidence that can lead to specific patient outcomes
- Describe how to access three EBP databases at the point of care

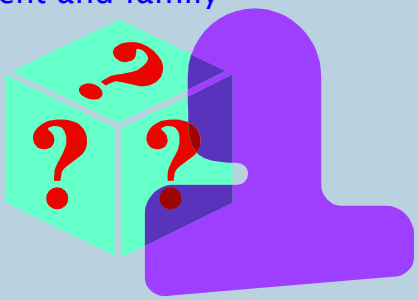
Primer Contents

Why do we need Evidence-Based Practice?

Think of a time when you were in an uncertain clinical situation perhaps like this one...

Your young male patient coded yesterday and the family was quickly ushered out from the room to the CRC lounge. Despite valiant efforts of the code team and the patient's attending, the patient could not be resuscitated. When the family was told of the outcome, they of course were consumed with grief, but one of the strong reactions was *"why did you make me leave, I could have been there for him."* Their intense reaction made you question the norm of asking family to leave during patient emergency situations. It prompted the following questions:

- Just what is the right thing to do?
- What actions by the nurse before, during or after the events might have improved the care or the outcome to the suffering family?
- What are the perspectives of other health care disciplines? If the perspectives are varied, how can this be resolved
- Has this issue been examined objectively or systematically?
- Is there a solution based on best evidence and expertise that includes the patient and family preferences?



Some fascinating facts from the literature…

- Care providers are faced with clinical uncertainty an estimated 40% of the time.
- Care providers often have only minutes to seek decision-making advice.
- As a group, nurses tend to maintain traditional patterns of care and compliance with managerial dictates. However, nurses tend to practice more reflectively and intentionally than other types of care providers.
- Institute of Medicine 'Report Crossing the Quality Chasm' estimates that it takes 17 years for research findings to be implemented in clinical practice.
- When faced with a clinical uncertainty the common sources for answers are asking peers [called a curbside consultation] and looking it up in available unit reference books.

Barriers to Resolving Clinical Uncertainty

- **TIME Pressures**, so much to do and so little time. Time to seek information; time to decide if the information is relevant to a specific situation, the need for 'just in time' information at the bedside, and lots of competing priorities.
  - Limited mental capacity to absorb the mountain of new information. It is estimated it takes 19 articles a week to keep current with new information in any practice area.
  - Each year the available time a nurse can spend with a patient lessens while the needs of the patient **increase.**

Barriers to Resolving Clinical Uncertainty

- Continuing education in face to face lecture format is rarely effective and not practical
- Even in the face of new information it's often more comfortable to keep doing what "we've always done"
- We are not only reluctant to admit we don't know something; we have trouble determining the most efficient way to find the information we need.
- Institutions often do not provide adequate ready access to reputable & efficient sources.

From the Institute of Medicine…

"The stark reality is that we invest billions in research to find appropriate treatments…but we repeatedly fail to translate that knowledge and capacity into clinical practice."

What the last 15 years has taught Health Care Providers!

There is:

- increased complexity not only of patient needs but of the health care system itself
- increased consumer awareness
- increased financial constraints
- **outcome focused care**
- a push for interdisciplinary care
- thousands of new journal articles every month
- substantial evidence that over time our knowledge declines **if** there is not a constant infusion of new information
- solid research that demonstrates our patterns of thinking may introduce bias to clinical decisions
- probability sub optimal outcomes and even harm to patients if providers do not keep up with care innovations

What Evidence is there that we could be doing it better?

1. Wide variation in current clinical practice; outdated systems that don't meet current needs
2. Fragmentation of care; care is staff centered rather than patient centered
3. Communication is problematic among providers, patients, families
4. When the provider uses current evidence the clinical outcomes improved by 32%.
5. Institute of Healthcare Improvement & June 2006 IOM report that hospital systems are complex and often knowledgeable providers are not used to the best advantage
6. 19% of delivered care is based in science; using EBP increases the chance that the clinical decision achieves the expected outcome.

Now let's examine a process that will help any provider strengthen their clinical decision making, improve patient outcomes and shorten the research to practice gap!

Proceed to Unit II